

Application Form for AABI Membership (Incubator Member, Supportive Member, or Individual Member)

Those who applying for Incubator Member, Supportive Member, or Individual Member are asked to fill out the following form and submit it to **“AABI Association Member in the applicant’s economy”**.

When an organization applies for Association Member, or when an organization from an economy, from which AABI has no current Association Member, applies for an AABI membership, please use **another form (Application Form for Association Member)** available on the website.

Date of Submission: Month, Day, Year

I hereby agree to accept the AABI Bylaws.

Name of Rep. (Typed):: _____

Signature _____

Please answer the following information:

(1) Please give us a profile of your entity

1) Name:

2) Address:

3) Name and title of leader:

4) Contact Information

Contact Person: (Name, Title)

Telephone, fax,

E-mail:

5) URL:

6) Date established: (Month/Year)

7) Founding mission:

8) Funding founders:

9) Funding partners:

10) If 8) and 9) above are government-related, please give the name of the agency or department.

11) What is the role of your entity within your economy (country or territory)?

12) What is the nature of your entity? (Please choose one)

[Government agency/government-related non-profit organization/private for-profit organization or company/private non-profit organization/other]

13) Is your entity related to any government agency or body; if so what is the relationship?

- Agency name:
- Relationship:

14) What are your entity's main activities and services to members?

15) How many members are there in your entity? (as of {date})

- Number of dues-paying members ()
- Number of unpaid members ()

16) Do you receive fees from members? If yes, please describe the annual membership fees.

17) How many managers are there in your entity? (as of {date})

- Full time managers ()
- Part-time managers ()
- Temporary managers ()

18) Do you have a foreign liaison office? If so, please fill out the following.

- Name and title of contact person:
- Contact phone, fax, and E-mail:

19) Your Relationship to AABI member:

(2) **If your entity is an incubator**, please give us the following additional information about your incubator.

1) Forms and characteristics of assistance provided to the clients:

2) Number of companies located in or receiving assistance:

3) What kinds of companies are there in the facilities? (type of business, field, size, type of management or operation)

4) Does your incubator accept foreign enterprises? Yes / No

5) If 4) above is yes, what companies has your incubator accepted? What is the position of foreign enterprises? (e.g., what percentage are foreign enterprises?)

6) Does your incubator support companies seeking to go overseas? If yes, what do those companies intend to do overseas?

7) Are there companies that have already gone overseas? If so, what do they do overseas?